

0010/PTO Rev. 6/95 DECLARATION <input checked="" type="checkbox"/> Declaration Submitted with Initial Filing OR <input type="checkbox"/> Declaration Submitted after Initial Filing	U.S. Department of Commerce Patent and Trademark Office		Attorney Docket Number	UCON/187/US
			First Named Inventor	Henry M. Smilowitz
	COMPLETE IF KNOWN			
	Application Number			
	Filing Date		06/16/99	
	Group Art Unit			
	Examiner Name			

As a below named inventor, I hereby declare that:

My residence, post office address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

CANCER IMMUNOTHERAPY IMPROVED BY PRIOR RADIOTHERAPY

(Title of the Invention)

the specification of which

☒ is attached hereto

OR

☐ was filed on (MM/DD/YYYY) _____ as United States Application or PCT International Application Number _____ and was amended on (MM/DD/YYYY) _____ (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in Title 37 Code of Federal Regulations, §1.56.

I hereby claim foreign priority benefits under Title 35, United States Code §119 (a)-(d) or §365(b) of any foreign application(s) for patent or inventor's certificate, or §365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Copy Attached? Yes No
NONE			<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority sheet attached hereto:

I hereby claim the benefit under Title 35, United States Code §119(e) of any United States provisional application(s) listed below:

Application Number(s)	Filing Date (MM/DD/YYYY)	
60/089,597	06/17/1998	<input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority sheet attached hereto.

EL824181984US

DECLARATION

Page 2

I hereby claim the benefit under Title 35, United States Code §120 of any United States application(s), or §365(c) of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of Title 35, United States Code §112, I acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations §1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.

U.S. Parent Application Number	PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	Parent Patent Number (if applicable)
09/334,312		06/16/1999	

☐ Additional U.S. or PCT international application numbers are listed on a supplemental priority sheet attached hereto.

As a named inventor, I hereby appoint the registered practitioners associated with the Customer Number provided below to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith, and direct that all correspondence be addressed to that Customer Number:

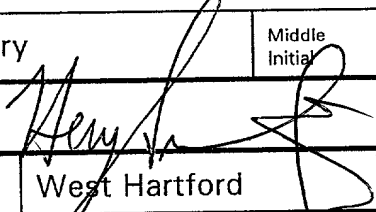
Firm Name: Alix, Yale & Ristas, LLP

Customer Number 002543

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment or both under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

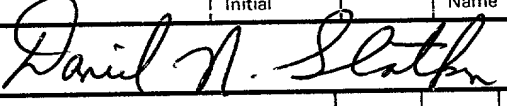
Name of Sole or First Inventor

☐ A petition has been filed for this unsigned inventor

Given Name	Henry	Middle Initial	M.	Family Name	Smilowitz	Suffix	
Inventor's Signature					Date	8/10/01	
RESIDENCE: City	West Hartford	State	CT	Country	U.S.A.	Citizenship	U.S.
POST OFFICE ADDRESS	31 North Quaker Lane						
City	West Hartford	State	CT	Zip	06119	Country	U.S.A.
						Applicant Authority	

Name of Additional Joint Inventor, if any:

☐ A petition has been filed for this unsigned inventor

Given Name	Daniel	Middle Initial	N.	Family Name	Slatkin	Suffix	
Inventor's Signature					Date	August 8, 2001	
RESIDENCE: City	Southold	State	NY	Country	U.S.A.	Citizenship	U.S.
POST OFFICE ADDRESS	2415 Long Creek Drive						
City	Southold	State	NY	Zip	11971	Country	U.S.A.
						Applicant Authority	

☐ Additional inventors are being named on supplemental sheet(s) attached hereto.

Inventor(s): Henry M. Smilowitz and Daniel N. Slatkin
Serial No.:
Filed:
For: Cancer Immunotherapy Improved By Prior Radiotherapy

**VERIFIED STATEMENT CLAIMING SMALL ENTITY STATUS
(37 CFR 1.9(f) AND 1.27 (d)) - NONPROFIT ORGANIZATION**

I hereby declare that I am an official empowered to act on behalf of the nonprofit organization identified below:

NAME OF ORGANIZATION: University of Connecticut
ADDRESS OF ORGANIZATION: 263 Farmington Avenue
Farmington, CT 06032

TYPE OF ORGANIZATION:

- ☒ University or other institution of higher education
☐ Tax exempt under Internal Revenue Service Code (26 USC 501(a) and 501(c) (3))
☐ Nonprofit scientific or educational under statute of state of The United States of America
Name of state _____
Citation of statute _____
☐ Would qualify as tax exempt under Internal Revenue Service Code (26 USC 501(a) and 501(c) (3)) if located in The United States of America
☐ Would qualify as nonprofit scientific or educational under statute of state of The United States of America if located in The United States of America
Name of state _____
Citation of statute _____

I hereby declare that the nonprofit organization identified above qualifies as a nonprofit organization as defined in 37 CFR 1.9(e) for purposes of paying reduced fees under Section 41(a) and (b) of Title 35, United States Code, with regard to the invention described in

- ☒ the specification filed herewith.
☐ the application identified above.

I hereby declare that rights under contract or law have been conveyed to and remain with the nonprofit organization identified above with regard to the above-identified invention.

If the rights held by the nonprofit organization identified above are not exclusive, each individual, concern or organization having rights to the invention is listed below; and no rights to the invention are held by any person, other than the inventor, who could not qualify as a small business concern under 37 CFR 1.9(d), or by any concern which would not qualify as a small business concern under 37 CFR 1.9(d) or a nonprofit organization under 37 CFR 1.9(e).

NAME: None
ADDRESS: _____

☐ INDIVIDUAL ☐ SMALL BUSINESS CONCERN ☐ NONPROFIT ORGANIZATION

I acknowledge the duty to file under 37 CFR 1.28(b), in this application or any patent issuing thereon, notification of any change in status resulting in loss of entitlement to small entity status prior to paying, or at the time of paying, the earliest of the issue fee or any maintenance fee due after the date on which status as a small entity is no longer appropriate.

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true, and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application, any patent issuing thereon, or any patent to which this verified statement is directed.

NAME OF PERSON SIGNING: Michael F. Newborg, Ph.D.
TITLE OF PERSON SIGNING: Executive Director
ADDRESS OF PERSON SIGNING: University of Connecticut Health Center
263 Farmington Avenue
Farmington, CT 06032

SIGNATURE Michael F. Newborg DATE 8/10/01